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PTO/SB/17 (12-04)

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Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/020,646
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	10/30/2001
TOTAL AMOUNT OF PAYMENT (\$ 790.00)		First Named Inventor	Thomas S Grason
		Examiner Name	Avalon Blenman
		Art Unit	2153
		Attorney Docket No.	BE1 0084US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims Fee (\$) Fee Paid (\$)
- 20 or HP = _____ x 50 = _____

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
- 3 or HP = _____ x 200 = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	/ 50 = _____ (round up to a whole number)	_____ x _____ = _____	_____

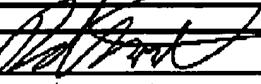
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination

Fees Paid (\$)

790.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature			(509) 324-9256
Name (Print/Type)	Rocco L. Adornato Date 25 NOV 05		

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Application Number: 10/020,646

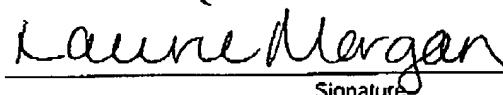
Filing Date: 10/30/2001

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1. Fee Transmittal
2. Request for Continued Examination
3. Response to Office Action dated 08/25/2005

Total pages including cover sheet: 31

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